AVIAN FLU OR MYCOPLASMA PANDEMIC?

If the world's population is struck by a pandemic disease with "flu-like" symptoms, it may be caused by a species of micro-organism known as Mycoplasma, not by a mutated bird flu virus.

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The Virus Cancer Program

When we set out to collect as much critical data as we could about influenza, we quite frankly had no idea into what a quagmire it would lead us. We were of the view that influenza was a disease which recurred frequently in human, avian and animal groups…especially where those groups were crowded together more closely than they ordinarily were. We were also aware that certain groups such as the World Health Organization (WHO), the US National Institutes of Health (NIH) and the US Centers for Disease Control (CDC) plus certain media groups such as the *New York Times* were carrying on a veritable drum beat and chant of "The flu is coming, the flu is coming".

As we marshalled our facts, we came to realise that we were not dealing with an ordinary possible pandemic of influenza. The picture which emerged has startled even us.

The following quotation is from a US government document. It is a document paid for by United States taxpayers and is titled "The Virus Cancer Program". On the cover it bears the date June 1978 and the publisher's data, "Division of Cancer Cause and Prevention; US Department of Health, Education, and Welfare; Public Health Service; National Institutes of Health". On page 19 it reads as follows:

"…various live, attenuated adenovirus vaccines were administered to selected human populations as a control measure for debilitating *respiratory tract infections.* A further complication was introduced when it was discovered that the oncogenic [i.e., 'tumour-causing'] papovavirus SV40, acquired from the simian cells used for propagation of the adenoviruses, was *present as a major contaminant* in these vaccine preparations. Since hybrid viruses with a spectrum of biological functions have been isolated from mixed adenovirus-SV40 populations, these adenovirus vaccines undoubtedly contained such recombinant viruses. *Thus, more than one million people were inoculated with representative members of two groups of DNA viruses with known oncogenic properties.*" [Author's emphasis is added in italics.]

In other words, the United States government injected a cancer-causing monkey virus into one million US citizens.

A "flu-like" engineered disease

In the 1960s, millions of Third World people were rounded up by the foreign military occupiers of their countries and given a free vaccination against smallpox. The occupying troops were primarily French, British, Belgian and Portuguese, and the donor of the free smallpox vaccine was nominally the World Health Organization—but in fact was largely the US government which had dispatched 17 teams of people from the CDC in Atlanta to vaccinate millions of people. The recipients of this American largesse were told that the vaccine would help them escape the risk of smallpox. However, it now turns out they were getting something new in exchange: the human immunodeficiency virus (HIV), the retrovirus purported to cause acquired immunodeficiency syndrome (AIDS).

If one takes the time, one can find incontrovertible evidence that AIDS, which now takes the lives of about 8,000 people a day, was essentially "made in the USA". We have presented some of that evidence in *The Journal of Degenerative Diseases* (vol. 5, no. 3, Fall 2004) and in our latest book *Life: From Plants to Animals to Us*, so we won't repeat it here.

What we fear is another opportunity the world is being given to exchange an ancient disease (a viral influenza) for something new: a "flu-like illness" caused by a *Mycoplasma*

species. In fact, if our worst fears are realised, a large part of the human family has already been contaminated with this deadly new pathogen. It has been engineered from its earlier and natural antecedent by the US government's biowarfare weapons research, development, testing and deployment agencies and their university and commercial partners.

It appears that, shortly, the people of the USA and UK are going to be required to accept a vaccination to "protect" themselves from catching "influenza". Just which strain of influenza they are going to be "protected" against is anyone's guess, but the so-called "avian flu" species known as H5N1 is being touted in the mass media as the possible candidate.

Other gullible "Coalition" allies such as Poland, the Ukraine, Italy, Spain and Australia will most likely go along with their British/American "Big Brothers" and accept the gift of vaccination for protection against the flu. Other countries such as Canada, France, Germany, Japan and others will be put under pressure by selected media which will speak on behalf of their "valued readers" to do the same.

On this topic, it must be emphasised that US President George Bush said in September 2005 that *he may have to call upon the military to administer the vaccination program and confine dissenters to concentration camps* until they, too, accept the vaccine offered. Remember that Portugal and Belgium used their military to ensure that the citizens of the occupied colonies in India (Goa) and Africa took the "free" smallpox vaccines that were pushed upon them in the mid-1960s and early 1970s.

The old "Here's a free vaccine" trick worked with the Third World countries which inadvertently gave up smallpox in exchange for AIDS.

There is reason to believe that it will work again—only this time, for the rest of us, it will be when, five years down the line from 2005 or even sooner, this new and deadly disease makes its presence known. Further, as we have discovered, it is probably already well on its way. It will *look* like influenza, and it will *kill* like influenza, and the bacterial sequelae will also be there. But it *won't* be influenza!

President George Bush said in September 2005 that he may have to call upon the US military to administer the vaccination program and to confine dissenters to concentration camps until they, too, accept the vaccine offered.

Now, this doomsday scenario is terrible to contemplate, but who in 1950 would have envisaged the epidemic of AIDS killing 8,000 people a day just 50 years down the line? To help you accept the possibility of this new scenario, we quote from researcher Dr Leonard Horowitz's 2001 book *Death in the Air*.

"...in 1970, immediately after National Security Adviser Henry Kissinger called for drastic Third World depopulation, which sparked secret congressional subsidies into a new generation of bioweapons that Litton Bionetics engineered, one contract called for the testing of special strains of 'influenza' and 'para influenza' viruses. As reported by Dr Horowitz in *Emerging Viruses: AIDS & Ebola – Nature, Accident or Intentional?*, these flu viruses were recombined with leukemia viruses for its only rational use—population reduction. Much like the AIDS virus, these new strains could be more rapidly spread to cause slow, non-traceable genocide." (p. 171)

Furthermore, many of the people who turn up in this study of influenza are the same people who turned up in our study of the origin of AIDS—when we found that this was a population control strategic weapon.

However, there is more to this story than simply the possibility of having some new and deadly disease agent hidden within the promised "flu vaccine". We have discovered a new dimension to the story: an agenda to pull down humanity's defences, rather than increasing the virulence of the H5N1 influenza virus.

Don't depend upon the "authorities"

We know that it was not until Eisenhower made his 1960 farewell speech as president that the term "military-industrial complex" entered common parlance. However, the group to which Eisenhower was referring had its genesis many years before when the Rockefellers, the Morgans and others of the American *nouveau riche* began staking out their claim on humanity in many ways—including getting control of health care and medicine and hence getting control of the lives of the masses while protecting the wealth of the rich and destroying the lives of the world's poorest.

Under the guise of "We'll help you keep healthy", this group methodically took a major role in all aspects of health care, including university research, pharmaceutical industrial control of medical practice, media reporting of health care issues and control of the public health agencies of government.

This is where Johns Hopkins University comes onto the scene. The university and its various colleges are up to their eyeballs in the corruption of health care studies. If you value your health and the health of your family, *it can't be trusted on anything it has to say about influenza*.

Take a look at the *Johns Hopkins Family Health Book* ("America's #1 Medical Authority"), and look under "*Mycoplasma*". You'll find nothing there! Now look in the glossary of the same 1,658-page monster book for that same subject. You'll find nothing!

Turn to the index, look under "B" and try to find some reference to "brucellosis". There's no listing. Why is that? Well, that term, too, began to fall out of favour, in terms of certain persons and institutions that could be expected to know and use the word, some time after the US government began using brucellosis in biological weapons, such as those it used against China and North Korea during the Korean War. (Among the most honest and best-researched accounts of the US use of bioweapons in the Korean War is *The United States and Biological Warfare* by Stephen Endicott and Edward Hagerman, published by Indiana University Press, 1998.) After the war in Korea, the research continued but focused upon a derivative of the *Brucella abortus* nucleic acid particle, now known as one of the species of *Mycoplasma*.

Mycoplasma is now acknowledged by a patent, held by the US government, to be a factor in "...AIDS or ARC, Chronic Fatigue Syndrome, Wegener's Disease, Sarcoidosis, respiratory distress syndrome, Kibuchi's disease, autoimmune diseases such as

Collagen Vascular Disease and Lupus and chronic debilitating diseases such as Alzheimer's Disease". This dramatic list of *Mycoplasma*-related diseases is taken from the 1991 US Patent #5,242,820, with its "inventor" cited as Shyh-Ching Lo, who assigned the patent rights to the American Registry of Pathology, Washington, DC. In other words, the US government holds a patent upon a death and disease weapon of mass destruction in the form of a patent on "Pathogenic Mycoplasma". And this *Mycoplasma* causes a "flu-like illness" which can be fatal.

The Johns Hopkins crowd is just one of the many institutions that is complicit in this great crime against humanity, so no wonder those in the know want to expunge the terms "*Mycoplasma*" and "brucellosis" from "America's #1 Medical Authority".

What was at work in the case of US development of bioweapons from brucellosis and various mycoplasmal diseases is now working its way towards a population control goal of a fatal pandemic which will look like the flu and will be blamed upon a "mutated" avian virus: H5N1.

The "N" in that species label stands for *neuraminidase*, and it consists of a string of amino acids which present on the surface of the influenza virus and permit its access to certain human cells. If the sequence of amino acids is altered, it presents as a new variant of the virus antigen. It is important to know that mycoplasma can change certain amino acids *in situ* and hence alter the neuraminidase code and thus alter the flu virus's cellular access ability. This is one form of viral mutation that you have read so much about.

But don't be dazzled by all the jargon sleight-of-hand to which you are being subjected by the "authorities" and the media.

The influenza virus responsible for the 1918–19 pandemic, a huge tragedy with 50,000,000 deaths, may well have been set loose on the world as a *biological warfare weapon*, and its engineered successor could well exceed that death toll.

It will *look* like influenza, and it will *kill* like influenza, and the bacterial sequelae will also be there. But it *won't* be influenza!

The principle of concentration

Our research has demonstrated to us that when humans or other animal species (including birds) are concentrated in a relatively confined space, there is an increasing possibility that respiratory-linked diseases will rise. Consider the following examples.

In World War I, thousands of men were packed together in large, often poorly ventilated army barracks. Military recruits were cramped together even more closely in troop ships and forced to re-breathe the same air for hours on end. What if that air had been contaminated by some disease pathogen? Well, in that case, the pathogen would have had a greater opportunity to become concentrated in the respiratory tract and lungs of the victims.

This is especially true of the disease agent *Mycoplasma*, upon which Drs Couch and Chanock would later work and upon which Dr Robert Huebner had been working for the US Navy when he discovered that the *Mycoplasma* could lead to the "spontaneous degeneration" of certain human tissues and could lower the body's immunity!

On factory farms, millions of chickens and other fowl are usually placed in wire mesh cages shortly after they are born. The cages are stacked one atop each other for several feet, and bird faeces is allowed to drop through the mesh to the ground below, where it is salvaged and processed as a feed protein additive for other farm animals. Thus, not only is any airborne pathogen concentrated, but any faeces-borne pathogen is likewise concentrated. To an extent, the same concentration is achieved in small backyard flocks of poultry in rural areas of Asia where humans, other farm animals (especially swine) and poultry of various kinds share limited space for most of their daily lives.

Again, the principle is *concentration*, and it will be revealed as a very critical element in our later discussion of *Mycoplasma* species.

The cell as the basic factor in health and disease

The average human body is composed of approximately 50 trillion (50,000,000,000,000) cells. These cells all start off as a single cell, the egg provided by the mother and fertilised by the sperm from the father. Then, immediately after fertilisation, the egg begins the process of dividing and differentiating to create the full range of cells which combine in accordance with inherited impulse to create all of the necessary parts of the emerging body.

This is where most people go wrong when thinking about health and disease, including influenza: they start off with the whole body and talk about a single disease at a time, i.e, "I am ill with the flu", or "My body is wracked by cancer". The fundamental thing is to start with individual cells which are attacked by individual pathogens.

Now, the important thing about the so-called influenza pandemics is this: under the rubric of "influenza", there is a variety of pathogens which alone or together or one after another alter the effective working of individual cells at several different sites in the total body. Among the dangerous pathogens are various bacterial, viral and mycoplasmal species working in the cells of the different body systems.

One cannot talk about the flu "killing" a person. One must think in terms of specific pathogens damaging or destroying specific cells in specific body systems, sometimes to the extent that the whole body ceases to function. So, start your thinking with the fundamental unit of the cell and go on from there.

Now, the disease entity commonly referred to as "influenza" primarily attacks the respiratory system, and the attacking pathogen is a virus. However, over the years *the term "influenza" has been used to cover any of the numerous febrile illnesses which reach beyond the respiratory system to affect practically all the other systems of the body.* And there is now a "flu-like" illness caused by *Mycoplasma fermentans*, to which we return later.

The viral pathogen primarily focused upon is only *one* of three pathogens which often come into play in attacks of what we broadly call "the flu". What is usually ignored, overlooked or downplayed are the roles of certain other pathogens such as bacteria and mycoplasmas. And the latter, especially, is almost totally absent from any reference you will find in the literature directed to the average citizen.

All the drum-beating is about "avian flu virus H5N1". Could this be an intentionally misleading emphasis to obviate the need to look for the real danger? We think so. We are convinced that the ignoring, overlooking and downplaying of the mycoplasma's role in influenza is intentional and criminal.

Influenza is a specific disease entity, but in common parlance the term has come to cover several disease entities such as pneumonia,

encephalitis, endocrine dysfunction and more. And despite the variety of pathogens and the range of body systems that are affected, in each case the beginning point of the illness is the individual cell.

The three pathogens that play a part in "influenza"

At this point we want to elaborate upon the three pathogens which contribute to the symptoms which collectively are labelled "influenza".

• The bacterium

We start with the bacterium, which is essentially a one-celled animal. Technically, this pathogen is summarised as "any of a group of prokaryotic unicellular round, spiral, or rod-shaped single-celled microorganisms that are aggregated into colonies or motile by means of flagella, that live in soil, water, organic matter, or the bodies of plants and animals, and that are autotrophic, saprophytic, or parasitic in nutrition and important because of their biochemical effects and pathogenicity". (*Webster's New Explorer Medical Dictionary*, 1999, p. 60)

As an animal, the bacterium has the capacity to ingest nutrients and process that intake to generate the energy necessary if it is to fulfil its inherent functions. However, it also is able to reproduce itself and hence has within itself the necessary DNA genetic code of nucleic acids.

At this point, refer to figure 1 where we sketch in barest outline a rod-shaped bacterium and an influenza virus. Note that we have presented the bacterium and the virus as approximately the same size. This is not the fact in reality. Bacteria range in size from several thousandths of an inch to several hundredths of an inch in length. The average virus, on the other hand, is 10 to 100 times *smalle*r than the bacterium.

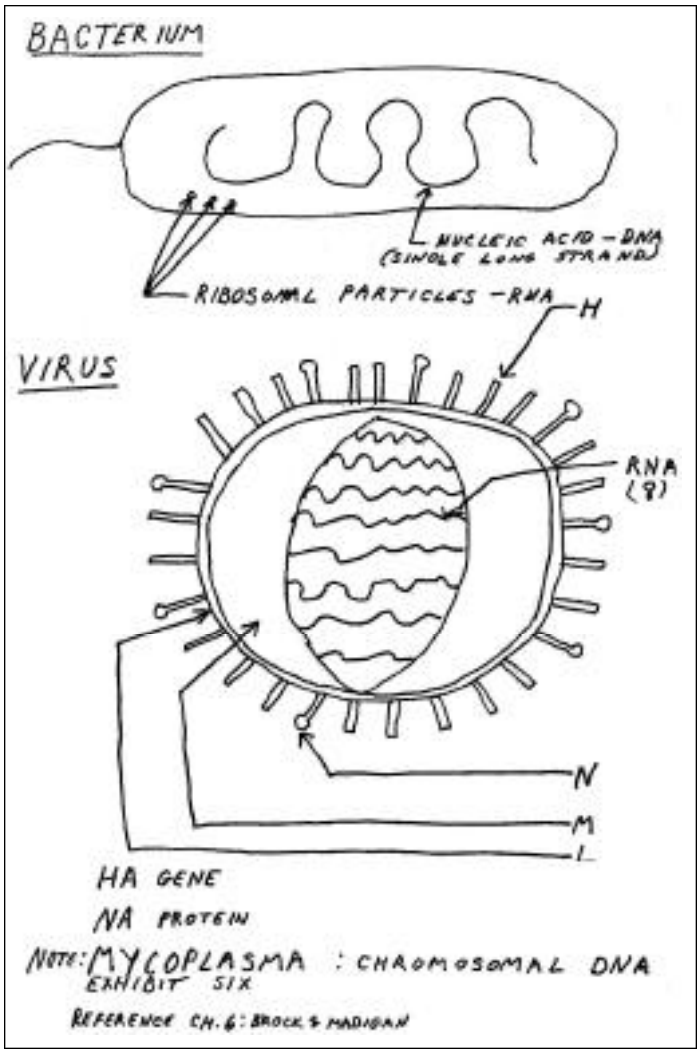

Figure 1: Sketch of a rod-shaped bacterium and an influenza virus

Although there are exceptions, the bacterium is generally bound by a non-living cell wall to protect itself and contain the fluid interior called the cytoplasm. Floating in the cytoplasm is the ill-defined *blueprint for reproduction*, called the DNA, and throughout the cytoplasm are ribosomal particles which are the *working drawings*, called the RNA, for the manufacture or assembly of essential proteins and enzymes.

Although the vast majority of bacteria are either innocuous or even helpful in the metabolic processes of life, certain bacteria contain toxins which do great damage to the living cells of other organisms, including humans. To help you appreciate the danger of bacterial toxins, we present a paragraph from David S. Goodsell's wonderfully lucid book *Our Molecular Nature* (Copernicus, New York, 1996):

"A single molecule of the toxin made by diphtheria bacteria can kill an entire cell. Botulism and tetanus toxins are millions of times more toxic than chemical poisons like cyanide. These bacterial toxins are designed for deadliness—they are the most toxic substances known. They combine a specific targeting mechanism, allowing the toxins to seek out and find susceptible cells with the toxicity only possible with an enzyme. Once inside an unfortunate cell, the toxin jumps from molecule to molecule, destroying one after the next until the cell is killed." (pp. 113-14)

Here, although we are not concerned with diphtheria, we need to know that bacterial infection often involves *bacterial pneumonia*, and it is usually the latter, followed by other blood and nervous system complications, which kills the influenza patient rather than the influenza virus itself.

Before we leave the bacterium, there is one more factor which we must mention and indeed emphasise. Back in 1946 Dr George Merck, while still director of US biological warfare weapons research and development, reported to the secretary of defence that *US researchers had learned how to isolate the bacterial toxins in crystalline form*. This meant that it would no longer be necessary to transport live, toxin-carrying bacteria to an "enemy" in order to infect him. One need only take the disease-causing toxin in a crystalline form and convey it to the target by insect vector or by aerosol or by the food chain. Thus, one could spread a bacterial illness without leaving any trace of a bacterium!

It is at this point that the Canadian government, the Canadian military and Queen's University enter the picture. When the US learned how to isolate the bacterial toxin in a crystalline form that could be carried by mosquitoes, it asked the Canadian government to assist it. The Canadians agreed, and started breeding 100 million mosquitoes a month at the Dominion Parasite Laboratory in Belleville, Ontario. Then they shipped these mosquitoes to Dr Reid of the Biology Department at Queen's University in Kingston, Ontario. There, Dr Reid contaminated the mosquitoes with various disease toxins and handed them over to the Canadian Army to share with the US military for testing upon hundreds of thousands of unsuspecting citizens of the two countries.

• The virus

Now we can take a look at the micro-organism about which the WHO and a number of other governmental and private institutions are generating all the hullabaloo: the virus...with special attention to the bird species labelled H5N1.

First, a definition: "virus *n* 1: the causative agent of an infectious disease; 2: any of a large group of submicroscopic infective agents that are regarded either as extremely simple microorganisms or as extremely complex molecules, that typically contain a protein coat surrounding an RNA or DNA core of genetic material but no semi-permeable membrane, that are capable of growth and multiplication only in living cells, and that cause various important diseases". (*Webster's New Explorer Medical Dictionary*, p. 747)

What does all this mean? Well, take another look at the sketch of the bacterium (figure 1). Notice the meandering line which represents the blueprint for reproduction and which is called deoxyribonucleic acid, the DNA. For the life of this particular species of bacterium, this is an absolutely critical string of nucleic acids if the species is to perpetuate its existence.

Now, suppose something were to kill the bacterium—something such as a variant of penicillin which opens a rupture in the bacterial wall. The draining of its cytoplasm will kill this life-form, but there is still a will to live in parts of the DNA and RNA. Thus, particles of the DNA or RNA cluster together and quickly assemble a protein protective coat around themselves. Here you have the essential virus: a particle of genetic information with a protein coat.

Take a further look at the bacterium and note the three representative dots labelled ribosomes. In these organelles—and although only three are shown in our sketch, the cytoplasm is full of them—the nucleic acids called ribonucleic acid (RNA) are assembled when it is necessary for the bacterium to manufacture proteins and enzymes for the bacterium to function. As with particles of the DNA, certain bacterial RNAs have the capacity to seek to survive when their original life-form is threatened, by clustering together and self-assembling a protein protective coat.

Somehow or other, the life-force which motivates the bacterium has an inherent sense of which nucleic particles it needs to save when the original life-form is threatened. Thus, the various species of virus are select particles of genetic code which have sheltered themselves with a protein coat until they can access another living cell and get on with the business of life.

Unfortunately, in seeking to save their life particles, the viruses often have to destroy other life-forms such as human cells. When the latter happens, the destroyed cells present as disease-ravaged remnants of earlier life-forms.

At this point, we want to note that the virus which is involved with the disease complex called influenza has some close relatives worth mentioning. We'll let Lodish *et al.* say it for us:

"Some animal viruses, including influenza virus, rabies virus, and human immunodeficiency virus (HIV), have an outer phospholipid bilayer membrane, or envelope, surrounding the core of the virus particle composed of viral proteins and genetic material." (*Molecular Cell Biology*, W.H. Freeman, New York, 2000, 4th edition, p. 713)

So, are influenza and HIV linked in some mysterious way? Are we getting closer to the links between Dr Couch, the flu specialist, and Dr Chanock, the AIDS specialist? After all, they worked together way back in 1964 when *Mycoplasma pneumoniae* was the centre of their interest.

The third and most important pathogen, albeit the most neglected of the three, is the *Mycoplasma*.

• The *Mycoplasma* species

Let's continue with our search for the truth about influenza. The third and most important pathogen, albeit the most neglected of the three, is the *Mycoplasma* (see figure 2 for an example).

Even though the WHO and other "health" agencies would have you believe that you should fear the avian flu virus, species H5N1, it is the mycoplasma that humanity has to fear. We remind you that the world of official medicine apparently doesn't want the average citizen even to know that such an organism exists.

Allow us to give you a thumbnail sketch of the mycoplasma. Start by taking a look at the bacterium. Note that the bacterium has ribosomes which, as we have seen, are involved in the manufacture of RNA, and note further that sometimes particles of that RNA get loose due to bacterial death and are preserved by being gathered together into groups of eight RNA fragments which are then enclosed in a protective matrix and a cell membrane, and *voilà*: there you have the influenza virus!

Figure 2: Micrograph of a *Mycoplasma arthriditis* cell at approx. 120,000 magnification (Courtesy of Dr Harold Clark, Chairman Emeritus, Common Cause Medical Research Foundation)

Now, take another look at the bacterium and notice the string of DNA. If the bacterium is killed, not only is there an attempt by the RNA to preserve its life as viruses, but particles of the DNA will also seek to continue as living organisms by creating themselves a membrane and setting off within their environment to find another host cell which will let them inside and give them a refuge. Again, *voilà*: this cell-wall-less DNA particle becomes a self-replicating but somewhat incomplete life-form known as a species of *Mycoplasma*!

Thus, as microbiologist Dr Shmuel Razin describes it, the theme underlying the current evolutionary scheme of mycoplasmas is that of *degenerative evolution from walled*

bacteria. (*Mycoplasmas: Molecular Biology and Pathogenesis*, eds Jack Maniloff *et al*., American Society for Microbiology, Washington, DC, 1992, p. 4)

So, you start off with some species of "walled bacteria" and it all falls apart (degenerative evolution) for one of a variety of reasons, such as the operation of penicillin. Then, select particles of the bacterial DNA quickly start a search for some other cell within which it can take up residence. It is *almost* a virus, without the protective protein coat that we noted above.

Because it is *almost* a virus, researchers such as Carleton Gajdusek in 1976 called it an "unconventional virus"—not realising that it was the same micro-organism that had been discovered by Nocard and Roux of the Pasteur Institute back in 1898 and given the name *Mycoplasma*.

In 1944, Monroe Davis Eaton, an American microbiologist, stumbled upon the organism and named it after himself: the "Eaton agent".

When AIDS researcher Dr Robert Huebner was investigating the pathogenic source of atypical pneumonia in US naval recruits in the mid-1940s, he called the micro-organism a "pleural pneumonia organism". In 1946, when he found the same pathogen in the degenerating adenoids of some recruits, he called it a "pleural pneumonia-like organism" (PPLO).

Finally, because the disease onset seemed to be so long in presenting, various researchers including Gajdusek called the pathogen a "slow virus" or "lentivirus"—a term coined in 1947 by Dr Björn Sigurdsson.

Thus, today we are faced with the original Nocard and Roux micro-organism, the *Mycoplasma*, which turns up in the literature as the "Eaton agent", the "pleural pneumonia-like organism", the "unconventional virus", the "lentivirus", and later the "amyloid" and then the "prion". Some of the name confusion we believe is *intentional*.

When the mycoplasma finds a cell which will allow it to cross the cellular membrane, the mycoplasma will generally lie peacefully, doing no harm to its new host until it is subjected to some kind of trauma.

The body of which the cell is a part may be subjected to a rear-end automobile accident, or it may be traumatised by a fall on the ice. Even the news that a dear and valued friend has died can produce a trauma sufficient to rouse the dormant mycoplasma into life.

When so roused into activity, certain species of the DNA mycoplasmal particle will begin to up-take pre-formed sterols from its new host, ultimately killing that host. The totality can be called a "mycoplasmal infection" and can present as, for example, pneumonia, wherein the cells in the lungs begin to degenerate and release fluid which floods the alveoli, or air-containing cells of the lungs.

The mycoplasmal damage is as important as, if not more important than, the bacterial and viral damage done to a patient inflicted with influenza.

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Don't be gullible about an influenza pandemic

Those who buy into the current drum-beating about "avian bird flu" mutating to cause a worldwide pandemic and believe that the noble, courageous workers with the World Health Organization and their flacks with the *New York Times* are doing their level best to save humanity, are right in there with those who still believe that Lee Harvey Oswald was the lone shooter in the assassination of President Kennedy.

Mind you, there may well be a worldwide pandemic and it may well kill thousands of people a day over a period of time. But the chances of its being the consequence of a sole, mutating, H5N1 species of avian flu virus are minuscule or totally unlikely, and the chances of its being a mycoplasmal infection are very high.

If there is such a pandemic, the roots will go much deeper than simply a mutating avian virus. The roots will more likely be deep in the mysteries of the *Mycoplasma*, its characteristics and its growing prevalence. We believe that such a pandemic, if it should occur, will not be the consequence of chance, such as is claimed about the continuing pandemics of AIDS and chronic fatigue syndrome (CFS).

An influenza pandemic will be as much a planned event as was the unleashing of AIDS and CFS onto the world: all part of a profound, long-range plan to reduce the world's population.

Precautions you can take

Among the important facts about influenza that you need to know are those that we have already alluded to:

a) the three-pronged pathogenic antecedents (bacteria, viruses and mycoplasmas);

b) the tendency of these pathogens to concentrate and hence become more dangerous when potential people or animals are crowded together for extended periods of time; and

c) the distinction between the damage done by influenza itself (often, indeed, usually innocuous) and that done by the other pathogens to a broad range of human body systems such as the nervous, digestive and musculoskeletal systems.

Here are some other facts that you should evaluate. The pattern of disease incidence among a society is shaped broadly like a stretched out "W". First, infant and young children are statistically more vulnerable than older children. Then there appears to be a statistical levelling off at a lower incidence until the early 20s, at which age influenza rates increase to the age of 30 or so, then decline until age forty. Another levelling off occurs until the late 50s and on into advanced age.

So, infants whose immune system is not sufficiently developed are potential victims. If you are aware of this fact, you will take additional steps to protect children 10 years and under, e.g., you will not place your youngster in day care or kindergarten or other groups as long as the flu is known to be a possibility. Keep the child at home in a warm, well-aired environment.

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For children under 10 especially, but for anyone up to 15, do not administer aspirin to relieve symptoms. Aspirin has been very well established as a factor in the onset of Reye's syndrome, an encephalitis characterised by high fever and nausea and involving the liver, kidneys and brain.

Do not allow family members or others who are just returning from school or work to pick up an infant or play with a younger child until the returnee has washed their hands and face. This is especially important if there is any flu going around the school or place of work.

Never pick up and comfort a young child if you have any hint whatsoever of a cold or the flu. If you must pick up a child in such circumstances, always wear a surgical mask.

For the middle statistical frequency peak of ages 20 to 40, stay home from work if there is any flu circulating at your workplace. If you must work regardless, then carry a handkerchief or package of tissues and cover your mouth and nose if you cough or sneeze.

If you have occasion to touch doorknobs and other public surfaces which someone with the influenza virus or a mycoplasmal infection may have touched, keep your hands from your face and wash as frequently as possible.

At particularly risky times, try to avoid long-distance travel by plane or train or bus.

If you are a senior living in your own home, do not join crowds any more than is absolutely necessary. Then take as many of the above precautions as you can.

If you are in a hospital or nursing home, observe a high standard of personal hygiene, avoid larger gathering-places such as an auditorium, and try to avoid dependence upon an air-conditioning system. Recirculated air is dangerous; open windows usually provide better ventilation and healthier air.

Also, try to avoid having any vaccinations. Evidence shows that vaccines often cause other health problems that are as serious as, or more serious than, the flu. One such study demonstrated that seniors who received flu shots over a four- or five-year period were several times more likely to develop Alzheimer's disease.

Finally, diet and supplements need to be sensible. Our anecdotal evidence shows that anywhere from two to three grams of vitamin C taken with every meal appears to strengthen the body's resistance to any aerosol infectious agent. And we recommend eating eggs only occasionally, i.e., once or twice a week; this is because influenza viruses flourish in chicken eggs.

Summary

When we set out to review the available literature about influenza and prepare a special issue of the *Journal of Degenerative Diseases*, we thought—like most other people on the globe—that here was another ancient human disease which turns up in pandemics every 11 years or so.

Simply stated, we came to realise that the world is being set up for something and that the H5N1 avian flu cover helps not only move the plot forward but, after the fact, will allow the drum-beaters to say, "Well, at least we tried to warn you".

We returned to Dr Shyh-Ching Lo's

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Uniformed Services University of the Health Sciences course unit on *Mycoplasma* and read it for the tenth time…and suddenly we realised what one paragraph of that unit was really saying. Here is the paragraph:

"The most serious presentation of *M[ycoplasma] fermentans* infection is that of a fulminant systemic disease that begins as a flu-like illness. Patients rapidly deteriorate, developing severe complications including adult respiratory distress syndrome, disseminated intravascular coagulation, and/or multiple organ failure." (*The Journal of Degenerative Diseases*, vol. 5, no. 2, p. 28)

Now, please note: this is not influenza, but is a"flu-like illness" which anyone could honestly mistake for the influenza—but it is *not* the flu, and it is *not* caused by the H5N1 strain of the avian flu virus. It is caused by a pathogen patented by the United States government!

Thus, if a pandemic of "influenza" hits and certain doctors try treating what appears to be a bacterial pneumonia with penicillin, the latter will only make the mycoplasmal infection worse!

It is our considered opinion that a significant part of the human family has already been contaminated by a mycoplasmal infectious agent administered in the myriad vaccines that have been shoved upon us over the years. There is also a possibility that further vaccines may be similarly contaminated.

You and your doctor will think you have the avian viral flu when actually you have the flu-like *Mycoplasma* illness…and it will kill thousands if not recognised. ∞

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